Project Narrative

A. Proposed Approach

Strategy: The Connecticut Office of the Healthcare Advocate (OHA) seeks funding under the Demonstration Ombudsman Programs Serving Beneficiaries of Financial Alignment Models for Medicare-Medicaid Enrollees (the Ombudsman Demonstration) to support the nearly 58,000 beneficiaries served by the Department of Social Services' Demonstration to Integrate Care for Medicare-Medicaid Enrollees (Integrated Care Demonstration for MMEs).

The Office of the Healthcare Advocate (OHA) will act as the Department's designated entity in fulfilling all of the obligations of the Ombudsman Demonstration. The Department selected OHA for this role because of its longstanding—since 2001-- and highly esteemed role in advocacy support for consumers in health insurance matters; its freedom from conflicts of interest; its commitment to protection of beneficiary interests regarding confidentiality; its strong skill set in representation, negotiation and mediation of issues in dispute; and its extensive work in using a range of media and culturally competent formats and approaches to educate and inform consumers and professionals regarding self-advocacy and consumer rights. The Department will capitalize on OHA's role as the state's Consumer Assistance Program (CAP) under the Affordable Care Act.

Background: The majority (74% to 78%) of beneficiaries eligible for the Integrated Care Demonstration reside in the urban/suburban counties of Fairfield, Hartford and New Haven. These counties have a higher proportion of elderly eligible beneficiaries while the other counties (Litchfield, Middlesex, New London, Tolland and Windham) have a more even mix of beneficiaries between elderly and blind individuals and those with disabilities. Fifty-seven percent of eligible beneficiaries are elderly, and 43% are blind or have a disability. Thirty-eight

percent of all eligible beneficiaries has a serious mental illness. Seventy-two percent of the elderly and 38% of blind individuals and individuals with disabilities meet nursing home level of care and receive home and community-based waiver services or are long-term residents of nursing facilities. Further, in some counties of Connecticut, over 60 languages are spoken.

Planned activities and staffing: OHA will implement the Ombudsman Demonstration in a manner that will ensure that it complements and amplifies existing ombudsman type activities, meaningfully engages leading stakeholders including consumers, and optimizes success by educating beneficiaries to self-advocate and to utilize the supports of the OHA. This sequence is based in part on OHA's work with stakeholders in its own consumer assistance program functions and in the development of the Navigator and In-Person Assister (NIPA) program with Access Health CT, Connecticut's Health Insurance Marketplace.

OHA and the Department will seek prior approval from CMS of a Memorandum of Understanding (MOU) between OHA and the Department for OHA to conduct all Phase I development and Phase II implementation of Ombudsman Demonstration activities. The MOU will articulate all of the elements of the work plan, reporting requirements, and other obligations including, but not limited to, confidentiality of consumer information.

Once the MOU has been executed, and during an initial six month Phase I development period, OHA will present the work plan proposed through this application for comment by beneficiaries and stakeholders. OHA will work with an ad hoc Ombudsman work group (OWG) of the standing Complex Care Committee (CCC) of the Medical Assistance Oversight Council (MAPOC). The charge of the CCC is to provide advice and comment on the needs of Medicaid beneficiaries with co-occurring medical and behavioral health conditions, high utilizers and individuals with disabilities. The CCC is composed of a broad range of stakeholders including

consumers, providers, and advocates. MAPOC has broad statutory authority to review and comment on the Medicaid program, and the CCC has reviewed and offered input on every aspect of development of plans for implementation of the Integrated Care Demonstration.

The CCC, the Department and OHA will convene the OWG for the duration of Phase I development and on an ongoing basis for purposes of reviewing and commenting on the trend data and recommendations produced by the OHA during Phase II. Membership of the OWG will include at least one designee from the following: (1) representatives of the Departments of Social Services (Alternate Care and Money Follows the Person Units), Mental Health & Addiction and Aging; (2) the Connecticut Long-Term Care Ombudsman, or her designee; (3) the Office of Protection and Advocacy for Persons with Disabilities; (4) CHOICES (Connecticut's State Health Insurance Program, SHIP), as well as the Senior Medicare Patrol program; (5) Navigator and In-Person Assister Program of Access Health CT; (6) Xerox (the enrollment broker for the Integrated Care Demonstration); (7) the Aging and Disability Resource Centers (ADRCs); in Connecticut partnerships of the Agencies on Aging and the Centers for Independent Living); (8) legal services providers; (9) University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disabilities; (10) Money Follows the Person Steering Committee; (12) provider medical and behavioral health membership organizations; and (11) member organizations of the CCC that represent the health and behavioral health care and long-term care needs of consumers, individuals with disabilities and older adults.

Further, OHA will engage the University of Connecticut Health Center's Center on Aging (Center on Aging) to conduct three consumer focus groups, including people with a range of disabilities, older adults, and caregivers, building upon focus groups conducted by the Center on Aging in support of model design for the Integrated Care Demonstration. These focus groups

will be held in accessible and convenient venues for consumers (e.g. day programs, Centers for Independent Living, senior centers).

OHA will review and synthesize feedback from both the OWG and the focus groups to refine the elements and strategies of the Ombudsman Demonstration work plan and to ensure proper case handling procedures for consumers.

The Department will convene implementation partners for the Integrated Care Demonstration (e.g. Xerox, HP, and the medical Administrative Services Organization, CHN) to meet with OHA to share details on the Integrated Care Demonstration enrollment process; plans for data collection; and the member services, predictive modeling, Intensive Care Management, utilization management and grievance/appeals functions that will be performed by CHN.

OHA will adapt or refine, as necessary, its existing protocols for complaint intake, investigation of complaints, complaint resolution and protection of beneficiary rights and interests (e.g. beneficiary informed consent, protection of confidentiality of information) and produce an Ombudsman Demonstration-specific set of protocols.

OHA proposes to partner with the Connecticut-based Center for Medicare Advocacy to develop or adapt existing individual and group curriculum on Medicare beneficiary rights and covered services, and with the Department's Office of Legal Hearings and Appeals (OLCRAH) to develop or adapt existing individual and group curriculum on Medicaid beneficiary rights and covered services. OHA will seek comment on such materials from the OWG.

OHA will incorporate feedback from stakeholders via the OWG and focus groups into its media and outreach plans and materials, including consumer materials in multiple languages and formats. The plan will include, at minimum: (1) incorporating Ombudsman Demonstration materials in enrollment packets for enrollees of the Integrated Care Demonstration Model 2

"Health Neighborhoods"; (2) including Ombudsman Demonstration materials in member packets for enrollees of the Integrated Care Demonstration Model 1 (ASO model); (3) dissemination of materials through member organizations of the MAPOC, CCC and OWG; (4) media (television, state local cable network, print) strategies; (5) Department and OHA web site modifications; and (6) partnership with entities with direct to consumer mass publication capability.

During Phase I development, OHA will also: (a) participate with CMS, its technical assistance provider, and peers from other Demonstration states in development of an Ombudsman Demonstration reporting system; (b) share resources with CMS, its technical assistance provider, and peers from other Demonstration states in support of leveraging cross-state synergies; (c) make its Ombudsman Demonstration staff available for orientation and other training offered by CMS or its technical assistance provider; and (d) continuously improve and refine the Ombudsman Demonstration Work Plan.

At the end of the six-month Planning Phase, OHA will submit to the Department for review, feedback and approval of the refined Ombudsman Demonstration Work Plan. CMS, the Department and OHA will mutually agree upon a Phase II implementation start date, to coincide with implementation of the Integrated Care Demonstration.

Effective on the Phase II implementation start date, OHA will: (1) hire and train seven staff positions to adequately meet the needs of beneficiaries; (2) commence providing one-on-one education on Medicare and Medicaid benefits and the quality of such services to individual beneficiaries and their caregivers or representatives; (3) release a schedule of planned group education sessions on Medicare and Medicaid benefits; (4) implement its media plan to educate beneficiaries, caregivers and professionals as to its service availability; (5) implement the Ombudsman Demonstration protocols for complaint intake, investigation of complaints,

complaint resolution and protection of beneficiary rights and interests; (6) collect required Ombudsman Demonstration data and submit such data to CMS ; (7) track and trend data to illustrate to the Department and stakeholders key complaint areas; (8) coordinate with CMS; the Department (as Medicaid agency); the Departments of Mental Health & Addiction Services, Developmental Services, Aging, and Insurance, Access Health CT and the OWG; and (10) draft and deliver to CMS, the OWG's and the Department's recommendations regarding findings based on systemic analysis of Ombudsman Demonstration data.

Resources: OHA is seeking a total of $2,892,092 to support Phase I and Phase II strategies under the Ombudsman Demonstration. These funds are necessary to support extensive planning activities in Phase I with assistance of a consultant and OHA's hiring of: a program manager to oversee day-to-day operations, four nurse consultant case managers to assist individual beneficiaries, an outreach coordinator/data analyst to conduct outreach and educational activities, track data and prepare reports, and an administrative assistant to begin Phase II activities. Without these resources, the Department would be unable to pursue the Integrated Care Demonstration and OHA would be unable to undertake Ombudsman Demonstration activities.

In 2010, OHA secured a one year $396,400 Consumer Assistance Program (CAP) grant from the Department of Health and Human Services' Office of Consumer Information and Insurance Oversight (OCIIO). In 2012, OHA received two more CAP grants, a limited competition grant of $127,967 and a full competition grant of $408,155. The CAP funding has supported staffing as well as: a partnership with a non-profit community organization to assist with outreach to underserved communities; over 250 outreach events; a thirty minute PSA distributed to public access stations in the state; publication of OHA brochures in 21 languages, including Braille;

webcast productions on health reform; and a provider educational series with OHA providing training on how to conduct appeals, on health reform and on other topics.

OHA and the Department attest that Ombudsman Demonstration funds will complement and build upon, as opposed to duplicating or endangering the capacity of OHA to provide services to its existing populations for CAP-related and current statutory activities.

B. Organization Capacity and Structure: The Department is well qualified to oversee an innovative model to address the ombudsman needs for the MME population. In 2013, the Department operated a $6.5 billion annual budget of which over 87% supported the operation of health care programs including Medicaid, CHIP, ConnPACE (pharmacy assistance), CT AIDS Drug Assistance Program (CADAP), and other state-funded programs. Through these programs, the Department provides healthcare to 20% of the 3.5 million residents of Connecticut.

In 2012, Connecticut Medicaid transitioned to a unique approach under which an organization provides managed fee-for-service benefits to the entire Medicaid program as an Administrative Service Organization (ASO). This model offers the Department the opportunity to implement the demonstration with reduced administrative costs while ensuring strong fiscal and policy oversight to maintain provider accountability and member benefit protections.

The Department will be accountable for oversight of the Demonstration. The Department and OHA commit to maintaining sufficient organizational resources, including staff, information technology and capacity to provide oversight of the Demonstration and to track data required for semi-annual progress reports to CMS.

The Department's envoy for this Demonstration, and its Project Manager for the Integrated Care Demonstration for MME, will be Kate McEvoy, JD - the Director of the Division of Health Services at the Department. Ms. McEvoy has been in her present position since August 2012

and on staff at the Department since January 2012. Prior to joining the management team at DSS she served as an Assistant Comptroller with responsibility for health care policy, and previously had over 20 years of experience in the health care field in Connecticut as an advocate.

State Healthcare Advocate Victoria Veltri, JD, LLM, will provide oversight within OHA. Ms. Veltri has overseen OHA since January 2011. She serves as Vice-Chair of the Access Health CT Board of Directors, and sits on the Healthcare Cabinet and the MAPOC. She oversees NIPA Program, and recently led the Connecticut State Innovation Model (SIM) planning grant process. Prior to her current role, Ms. Veltri spent five years as General Counsel for OHA, handling cases involving fully-insured, self-insured and individual health and disability plans, and public programs under state and federal laws. Prior to her tenure at OHA in 2006, Ms. Veltri spent eight years advocating for individuals' access to healthcare under the Medicaid program.

OHA is uniquely situated to serve as the designated entity in that it: (a) has provided unbiased support to tens of thousands of Connecticut citizens in need of assistance with denials of healthcare and disability coverage, and long-term care assistance; (b) has significant credibility among consumers, state and independent advocacy groups, and the legislature; (c) is widely known as a highly knowledgeable source of assistance that carefully shepherds the confidentiality of all who receive support; (d) has years of experience in negotiating favorable results for consumers through a mediative, problem-solving based approach; (e) is accessible to consumers without cost by phone, facsimile, e-mail, web and in-person; (f) demonstrates applied expertise in responding to the distinct cultural needs of its clientele via OHA brochures in twenty-one languages, including Braille; a diverse staff with broad clinical expertise; development of inclusive grassroots strategies, including establishment and management of the NIPA program, and use of diverse media (webcast, community presentations, partnerships with

non-profit stakeholders), including a Facebook page, Twitter account, YouTube channel and a blog to support education and self-advocacy; (g) is HIPAA compliant; and (h) regularly coordinates with a broad range of consumer-focused entities including, but not limited to, the state CHOICES program, the Aging and Disability Resource Centers (ADRCs), and the entire array of Connecticut legal services organizations.

OHA began operations in 2001 and is an independent state agency with a mission of: assisting consumers in making informed decisions when selecting health (including disability) plans, educating consumers about their rights and responsibilities; advocating for consumers with their health plans; and identifying issues, trends and problems that may require executive, regulatory or legislative intervention. (Conn.Gen.Stat. §§ 38a-1040 et seq.)

OHA provides its services, at no charge. The OHA accepts complaints about healthcare, including long-term care and support services, and quality of benefits/care; investigates complaints for required level of intervention; assists consumers, including non-dually eligible Medicaid and Medicare beneficiaries, with the filing of complaints and appeals with health plans and agencies, such as internal appeal or grievance processes and external appeal processes established under state and federal regulations; educates consumers in the health coverage selection process; refers matters to regulators such as the Department, the Connecticut Insurance Department (CID), the Department of Public Health (DPH), and federal agencies when regulatory action is warranted, and to entities such as legal services organizations..

OHA always obtains informed consent or consent from an authorized representative prior to undertaking activities related to a complaint and works with a beneficiary or the representative to develop the strategy to resolve the complaint.

OHA's outreach and education efforts include education on all types of health coverage and consumer rights to access to and delivery of medically necessary healthcare. By law, OHA is authorized to represent Connecticut residents in administrative matters, monitor implementation of state and federal laws, and facilitate comment on those laws. OHA tracks complaints, quantifies them and tracks trends to make legislative and regulatory recommendations.

OHA has a strong relationship with the Department on advocacy in support of Medicaid beneficiaries, a project in support of third-party liability, and partnership as part of the SIM planning process. OHA collaborates with the Department of Children and Families (DCF) to advocate for commercial coverage services for DCF Voluntary Services clients. OHA has extensive formal and informal relationships with state advocacy entities, legal services organizations and community-based entities.

OHA also works with agencies to accept matters for investigation and resolution. OHA works with, among others: the Governor and Lt. Governor, Insurance Department (CID), Attorney General, U.S. Departments of Labor and Health and Human Services, Access Health CT, community organizations and providers. On the state and national levels, OHA is very active in promoting consumer interests in Medicaid and fully-insured and self-insured plans.

OHA's annual budget is $2,857,853. The State Healthcare Advocate supervises a staff of 24, including a Director of Consumer Relations, a General Counsel, and an Insurance Program Manager. Nine direct service personnel have credentials including masters levels of social work, nursing and public health, long-term care administration certification. Staff includes two attorneys and two doctoral level staff members.

OHA operates on a statewide basis. OHA's business hours are 8:00 a.m. to 4:30 p.m. Staff is available from 7:00 a.m. to 5:00 p.m. Our statewide toll-free line is available 24 hours per day.

(OHA will add a dedicated toll-free phone number for this project.) Confidential messages are retrieved from 7:00 a.m. until 7:00 p.m. OHA's policy is to return messages the same day. All messages must be returned within 24 hours. OHA's e-mail address, healthcare.advocate@ct.gov, is available 24 hours per day and is listed under the "contact us" option on the OHA home page, http://www.ct.gov/oha. OHA accepts cases via our toll-free line and direct to staff phone calls, general and direct to staff e-mail, facsimile, and on a walk-in basis during normal business hours. OHA also accommodates individuals by making home visits or providing assistance at community locations. OHA's staff has extensive training and experience in assisting vulnerable populations, including those who are disabled or who are experiencing a long-term illness.

Under the Ombudsman Demonstration, OHA will adapt its protocols to further support the needs of individuals with disabilities, complex health care needs, and older adults, as these groups often face access barriers related to literacy, comprehension, hearing or vision impairment, functional limitations, lack of transportation and disconnects of language and culture. Staff undergoes cultural competence and diversity training yearly. OHA complies with CLAS standards. As noted, OHA's literature is available in twenty-one languages, including Braille. Interpreters are available during business hours. OHA also contracts with Language Line. Services are available for deaf and hearing impaired and sight impaired individuals.

OHA's case management system allows for reporting on objective data on a wide variety of parameters and the capture of additional data. It already reports data such as health plan or public coverage (including Medicaid and Medicare) issue, activities, and outcomes. It includes specific entries for referrals to other agencies, triggers to track referrals, and storage of documents directly into case files. CMS required data fields can be captured in OHA's database.

OHA's policies and statutory provisions ensure the privacy and security of personally identifiable information. OHA abides by HIPAA protections to ensure maximum protection of protected health information. State law provides for special protections against disclosure of psychiatric and HIV/AIDS information. Substance use records are protected by federal and state law from further disclosure without independent written authorization. Improper disclosure of protected health information and personally identifiable information is grounds for dismissal under OHA policies..

OHA's software's built-in security system ensures that information is made available only to authorized users. Data and software reside on a local area network secured from access from outside the state's network. When cases are accessed, the activities are logged in an audit trail accessible by the Healthcare Advocate. Any attempt to alter data triggers a new field entry, and an audit trail is generated; data cannot be overwritten. Criteria for use and disclosure of information in the database are governed by the OHA statutory provisions, the OHA Policy and Procedures Manual, HIPAA, and state privacy laws. (De-identified aggregate information may be used by the Healthcare Advocate for systemic purposes; e.g., educating the legislature about case trends.) State law requires that OHA maintain case records for at least seven years. Paper files are shredded on site upon case completion.

Based on its long-standing operation and success, an 83% rate of overturning denials of services, its ability to handle cases from vulnerable populations, and a 92% satisfaction rate—percentage of people who would refer a friend or relative to OHA--OHA has the capacity and expertise to start the Ombudsman Demonstration in six months or less and can promote efficient delivery of services**.** OHA handled over 450 Medicaid cases and 766 behavioral health cases in state fiscal year 2013. In calendar year 2013, OHA handled 5,683 cases, conducted 289 outreach events and saved consumers $9.55 million.

OHA will work to empower beneficiaries and support their engagement in resolving problems they have with their health care, behavioral health care, and long-term services and supports; investigate and work to resolve beneficiary problems with Plans, and provide systems-level analysis and recommendations. OHA will ensure consumers' and other stakeholders' meaningful input into evaluation of the project through feedback surveys from individual encounters with OHA and continued involvement in design improvements.

State Assurances: OHA, will: (A) Not divert resources from or diminish the capacity of existing services; (B) Provide any needed legal authority to the Ombudsman Program in order to ensure that: (i) Ombudsman Program representatives have access to beneficiaries (including in their places of residence) and access to records needed for investigations, (ii) The identities of beneficiaries and complainants served by the Ombudsman Demonstration are protected, and (iii) The information provided to the Ombudsman Program from beneficiaries and complainants is protected; (C) Operate the Program in alignment with principles and capabilities indicated above; and (D) Coordinate its efforts with the Medicaid program without jeopardizing its independence and its current statutory role.

B. Reporting and Evaluation

OHA will collect and produce the data and analysis of the cooperative agreement activities for the semi-annual progress reports that will be provided to CMS. OHA will provide Ombudsman Demonstration quarterly program data. (OHA is experienced in collecting and providing quarterly data reports for its CAPs grants and state reporting duties.) OHA agrees to fully cooperate with the CMS operations support, actuarial rate-setting services, and evaluation contractors in reporting data that they may require for project support and evaluations.

D. Budget and Budget Narrative

Organizational Structure: OHA will implement the Demonstration. OHA will hire one (1) program manager (PM), four (4) registered nurse consultant case managers (RNs), one (1) outreach coordinator/data analyst (OC/DA), and one (1) administrative assistant (AA). The Healthcare Advocate will contribute in-kind 5% of her time and a current clinical staff member with additional expertise in long-term care will consult on Phase I development at 5% of her time. All grant funded staff will devote 100% of their time or 172 hours per month (PM and AA) and 150.5 hours per month (RNs and OC/DA) to the Demonstration. (See attached organizational chart.)

The OHA PM, reporting to the State Healthcare Advocate, will serve as the liaison to the Department's envoy and will assume daily management of the program, including oversight of the development of the outreach and education program, direction of the RNs and compliance with reporting requirements. The PM will have extensive supervisory experience, be familiar public healthcare programs, and hold at least a masters degree in a health related field.

The OC/DA will work with the program manager, the project manager and the OWG to establish and implement an effective outreach and education campaign, prepare ongoing educational materials, and conduct data analysis and reporting. The OC/DA will have sufficient education and experience in data collection, grant reporting and outreach design.

Four RNs will provide confidential one-to-one education to consumers, resolve problems and complaints and enter required data in OHA's database for reporting purposes. All RNs will have sufficient clinical experience and knowledge of public healthcare programs or insurance.

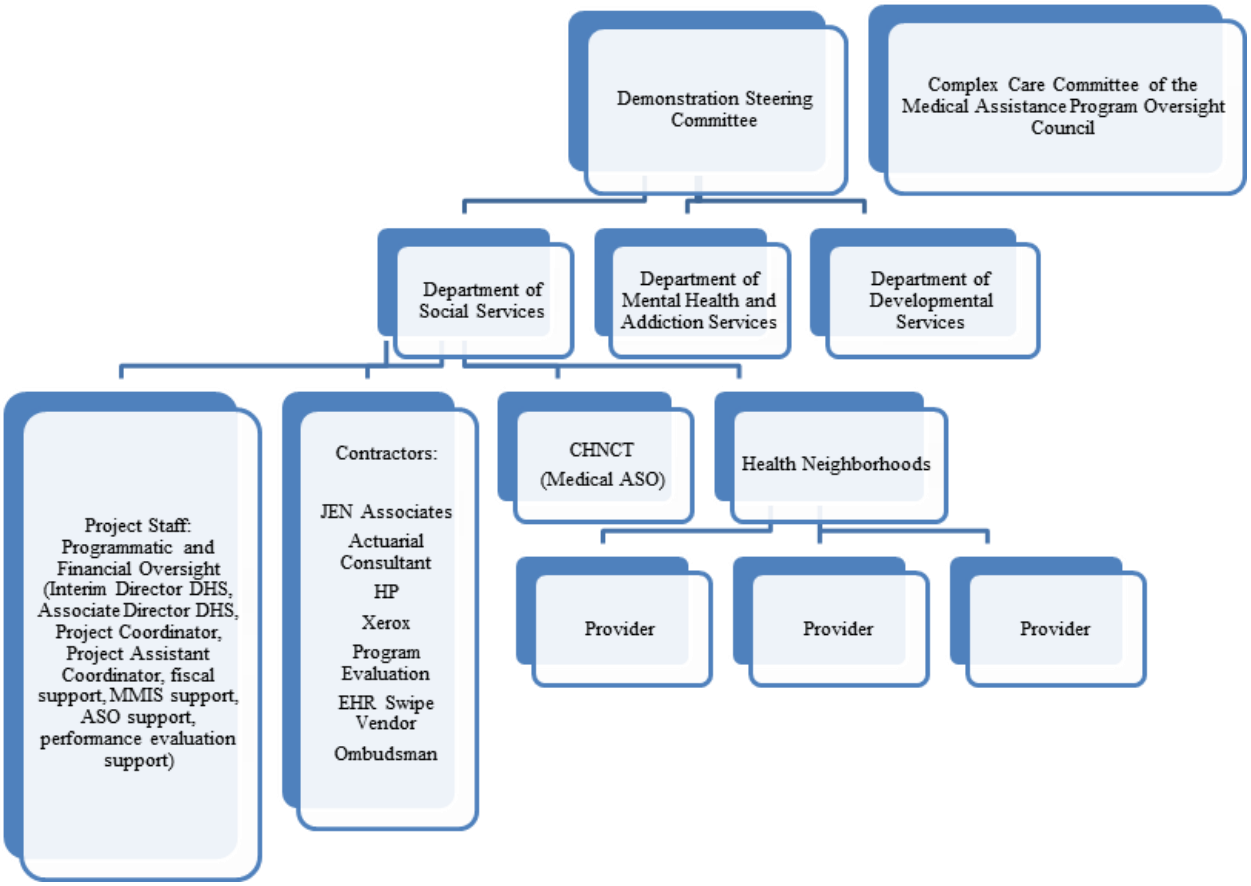
The AA will coordinate meetings, schedule outreach events, monitor incoming calls for assistance and assist with report preparation. All positions meet the state's requirements for experience and education and will have the credentials, background, skills and leadership ability

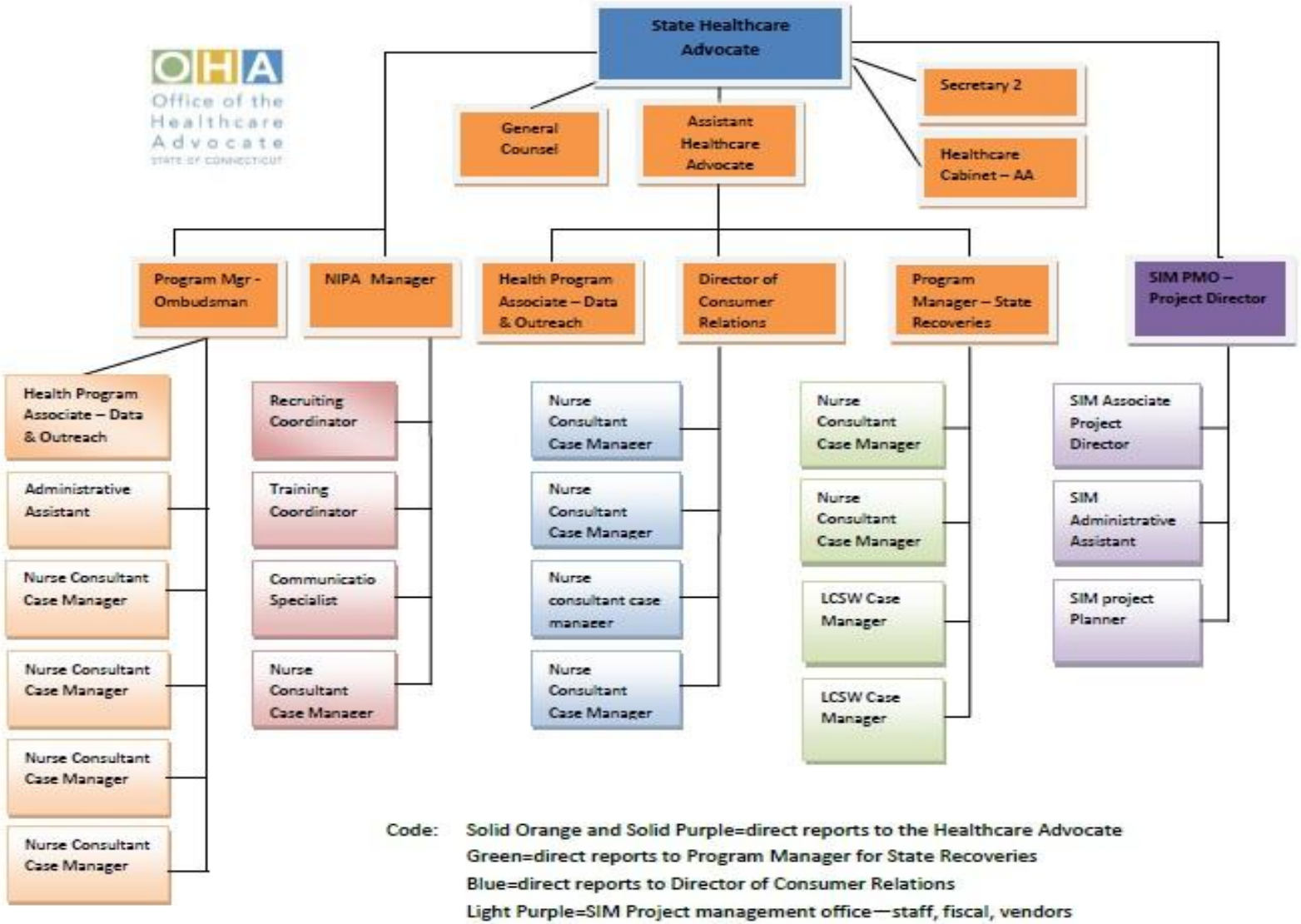
to successfully fulfill the obligations of the cooperative agreement. All individuals will be durational employees of OHA under the MOU with the Department to fulfill the cooperative agreement.

Sustainability: The Department will partner with OHA and the OWG to determine the best mechanism to continue the Ombudsman Program beyond the three year grant award period. The state will explore options including direct state funding for all or a portion of the program. Sustainability plans will be developed based on the success of the program and recommendations from the OWG.

Organizational Charts:

The Department's Integrated Care Demonstration Organizational Chart





Code: Solid Orange and Solid Purple=direct reports to the Healthcare Advocate
Green=direct reports to Program Manager for State Recoveries
Blue=direct reports to Director of Consumer Relations
Light Purple=SIM Project management office—staff, fiscal, vendors
Magenta=direct reports to NIPA program manager
Light Orange=direct reports to program manager for ombudsman demonstration

Revised 1/4/13

Budget Narrative - Year 1= 2/25/14-2/24/15; Year 2=2/25/15-2/24/16; Year 3=2/25/16-2/24/17

	Cost Item	Year	*QTR 1 ($)*	*QTR 2 ($)*	*QTR 3($)*	*QTR 4 ($)*	*Total ($)*	*Purpose*
Personnel Costs – Salary and Fringe	Program Manager	1	0	0	19481	19481	38962	**Program Manager- manages the project & grant funded staff within OHA**
		2	20065	20065	20065	20065	80260	
		3	20667	20667	20667	20667	82668	
	Administrative Assistant	1	0	0	13901	13091	26182	**Administrative Assistant to provide administrative functions across project**
		2	13484	13484	13484	13484	53936	
		3	13889	13889	13889	13889	55556	
	Health Program Associate	1	0	0	14772	14772	29544	**Health Program Associate to act as an Outreach Coordinator/Data Analyst* - includes step increases**
		2	15216	15216	15216	15216	60864	
		3	15672	15672	15672	15672	62688	
	Nurse Case Manager	1	0	0	71704	71704	143408	**Four Nurse Case Managers at $71,703.06 each per year to educate, assist and/or file appeals.* - includes step increases**
		2	73854	73854	73854	73854	297406	
		3	76070	76070	76070	76070	304280	
	Total Salary	1	0	0	119858	119858	239716	**Total Salaries by year**
		2	123119	123119	123119	123119	492476	
		3	126928	126928	126928	126928	507712	
	Fringe	1	0	0	95886	95886	191772	**Fringe benefits at 80% salary (see attached state document for fringe justification)**
		2	98495	98495	98495	98495	393980	
		3	101038	101038	101038	101038	404152	
	Total Personnel Salary/ Fringe	1	0	0	215744	215744	431488	**Total personnel costs by year**
		2	221614	221614	221614	221614	886456	
		3	227966	227966	227966	227966	911864	

	Mileage	1	550	550	550	550	2200	**Reimbursement for staff to attend meetings (4,000 miles x $0.55/mile)**
		2	1100	1100	1100	1100	4400	
		3	1100	1100	1100	1100	4400	
Travel	Meetings/ Conference Travel	1	0	600	0	600	1200	**Funding for 1 staff to attend grantee meetings & conference (2X/year)**
		2	0	600	0	600	1200	
		3	0	600	0	600	1200	
	Total Travel	1	550	1150	550	1150	3400	**Total Travel by year**
		2	1100	1700	1100	1700	5600	
		3	1100	1700	1100	1700	5600	
Equipment	Laptop	1	0	0	1510	0	1510	**Laptop for trainings and outreach events**
		2	0	0	0	0	0	
		3	0	0	0	0	0	
	Desktop Computer	1	0	0	8000	0	8000	**Desktops for all staff (8@$1000 each =$8,000)**
		2	0	0	0	0	0	
		3	0	0	0	0	0	
	Software Licenses	1	0	0	11424	0	11424	**To purchase database licenses for staff ($1,428.00 per license x 8 = $11,424.00)**
		2	0	0	0	0	0	
		3	0	0	0	0	0	
	Total Equipment	1	0	0	20934	0	20934	**Total Equipment by Year**
		2	0	0	0	0	0	
		3	0	0	0	0	0	
Contract	Contractual – Consultant	1	45875	45875	0	0	91750	**Contract with consultant to assist in Phase I and Phase II of the Planning – N/A in years 2 and 3**
		2	0	0	0	0	0	
		3	0	0	0	0	0	
	Intentionally left blank – see next page	X	X	X	X	X	X	**INTENTIONALLY LEFT BLANK – continues on next page**

	Contractual – Medicare Advocacy	1	10000	5000	0	0	15000	To develop individual and group curriculum on Medicare rights (to revise in years in 2 and 3)
		2	7500	2500	0	0	10000	
		3	7500	2500	0	0	10000	
	Contractual – visual design of materials	1	2500	2500	0	0	5000	To develop visual design of training materials and brochures (revise in years 2 and 3)
		2	2500	2500	0	0	5000	
		3	2500	2500	0	0	5000	
	Contractual – media/ marketing	1	0	0	41500	41500	83000	To provide marketing plan (Phase I) and implementation (Phase II)- media buys, webcasts and varied market strategies – full rollout in years 2 and 3
		2	25000	25000	25000	25000	100000	
		3	25000	25000	25000	25000	100000	
	Contractual – Center on Aging	1	9000	0	0	0	9000	Contract to plan and conduct 3 focus groups– N/A in years 2 and 3
		2	0	0	0	0	0	
		3	0	0	0	0	0	
	Translation Services - materials	1	0	0	4000	0	4000	To translate materials into the top 5 languages spoken in CT (5 languages x $800/language = $4,000) 5 more languages in year 2
		2	0	0	8000	0	8000	
		3	0	0	0	0	0	
	Dedicated Toll Free Phone Line	1	0	0	4500	4500	9000	Dedicated phone line for Demonstration Grant ($1,500/month) – begins in Phase II
		2	4500	4500	4500	4500	18000	
		3	4500	4500	4500	4500	18000	
	Database Changes	1	0	2000	0	0	2000	Database vendor to make necessary changes to database based on OWG, data and legal changes
		2	0	2000	0	0	2000	
		3	0	2000	0	0	2000	
	Database Reports	1	0	0	10000	0	10000	Database vendor to build or revise specialized data reports- est. based on previous work with vendor
		2	0	10000	0	0	10000	
		3	0	5000	0	0	5000	

	Total Contractual	**1**	**67375**	**55375**	**60000**	**46000**	**228750**	**Total Contractual by Year**
		2	**39500**	**46500**	**37500**	**29500**	**153000**	
		3	**39500**	**41500**	**29500**	**29500**	**140000**	
Supplies	Printing of brochures	**1**	**0**	**0**	**10000**	**0**	**10000**	**To print 10,000 total brochures in 10 languages (.50 x 20,000=$10,000)**
		2	**0**	**0**	**12500**	**12500**	**25000**	
		3	**0**	**0**	**12500**	**12500**	**25000**	
	Printing-other	**1**	**0**	**0**	**10000**	**0**	**10000**	**Printing curriculum and training materials**
		2	**0**	**0**	**10000**	**0**	**10000**	
		3	**0**	**0**	**10000**	**0**	**10000**	
	Office Supplies	**1**	**0**	**0**	**1500**	**1500**	**3000**	**$500 per month for office supplies (copy paper, pens, notepads, folders, binders, paperclips, etc.)**
		2	**1500**	**1500**	**1500**	**1500**	**6000**	
		3	**1500**	**1500**	**1500**	**1500**	**6000**	
	Total Supplies	**1**	**0**	**0**	**21500**	**1500**	**23000**	**Total supplies by year**
		2	**1500**	**1500**	**24000**	**14000**	**41000**	
		3	**1500**	**1500**	**24000**	**14000**	**41000**	
	Total Requested Funding	**1**	**67925**	**56525**	**318728**	**264394**	**707572**	**Total Year 1**
		2	**263714**	**271314**	**284214**	**266814**	**1086056**	**Total Year 2**
		3	**270066**	**272666**	**282566**	**273166**	**1098464**	**Total Year 3**

<u>Appendices</u>: Attached Separately

A. Letter of Support from Medicaid Director

B. Work Plan

C. Brief Resumes and Job Descriptions of Staff